

Patron and Treference Office: U.S. DEPARTMENT OF COMMERCE

Under the Pa	nourwork Reduc	sion Act of 1995, an ormans are remain			co: U.S. DEPARTMENT OF COMMERCE	
				ation Number	10772508	
REVOCATION OF POWER OF			Filing	Date		
ATTORNEY WITH			First	First Named Inventor		
NEW POWER OF ATTORNEY			U nA	nit		
CHANGE OF CORRESPONDENCE ADDRESS			ss Exam	Examiner Name		
			Attor	ney Docket Number	678-1162	
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Powe	er of Attom	ey is submitted herewith.				
OR						
66547						
Hereby appoint the practitioners associated with the Customer Number   0054 /						
Please change the correspondence address for the above-identified application to:						
The address associated with						
Customer Number: 66547						
OR						
Firm or	ial Name					
Address	, air i tailic					
City	tv		Sta	9	Zip	
Country						
				Y =		
Telephone			Email			
I am the:						
Applicant/Inventor						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 GFR 3.73(b) is enclosed. (Form PTO/SB/96)						
Signature Signature Signature						
Name Jong Yong Yu President of Samsung Electronics Co., Ltd.						
Date 16 Na. 2006 Telephone						
NOTE. Signatures of all the inventors or assignees of record of the entire interioral action representative(s) are required. Submit multiple forms if more than one						
Spinere is ledbi	180. 627 DRIUW	· · · · · · · · · · · · · · · · · · ·			The state of the s	
י אומדי 🔲 ו	of	forms are submilled	•			

This collection of information is required by 27 CPN 1.36. The information is required to obtain or return a bondfil by into public which is to the (and by the USPTO to process) an apparation. Condendatily is generated by 35 U.S.C. 122 and 37 CPR 1.11 and 114. This collection is estimated to itse 3 includes to complete, enduring gathering, preparing, and submitting the complete application from the the USPTO. Time will vary deponding upon the individual case. Any comments on the semical of time you require to complete this formation in the Chief Information Officer, U.S. Patient and Trydemark Office, U.S. Condition of Commerce, I.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEND TO: Commissioner for Potents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need essistance in completing the form, call 1-909-PTO-9199 and select oppoin 2

BEST AVAILABLE COPY